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	MHL032-233	A. BUILDING: _____ B. WING _____	R-C 12/09/2022

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DURHAM TREATMENT CENTER	1913 LAMAR STREET DURHAM, NC 27705

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V 000	INITIAL COMMENTS A complaint and follow up survey was completed on 12/9/22. The complaint was unsubstantiated (intake #NC00194822). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .3600 Outpatient Opioid Treatment. This facility has a current census of 296. The survey sample consisted of audits of 4 current clients and 2 deceased clients.	V 000		
V 238	27G .3604 (E-K) Outpt. Opiod - Operations 10A NCAC 27G .3604 OUTPATIENT OPIOD TREATMENT. OPERATIONS. (e) The State Authority shall base program approval on the following criteria: (1) compliance with all state and federal law and regulations; (2) compliance with all applicable standards of practice; (3) program structure for successful service delivery; and (4) impact on the delivery of opioid treatment services in the applicable population. (f) Take-Home Eligibility. Any client in comprehensive maintenance treatment who requests unsupervised or take-home use of methadone or other medications approved for treatment of opioid addiction must meet the specified requirements for time in continuous treatment. The client must also meet all the requirements for continuous program compliance and must demonstrate such compliance during the specified time periods immediately preceding any level increase. In addition, during the first year of continuous treatment a patient must attend a minimum of two counseling sessions per	V 238		

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month. After the first year and in all subsequent years of continuous treatment a patient must attend a minimum of one counseling session per month.
(1) Levels of Eligibility are subject to the following conditions:
(A) Level 1. During the first 90 days of continuous treatment, the take-home supply is limited to a single dose each week and the client shall ingest all other doses under supervision at the clinic;
(B) Level 2. After a minimum of 90 days of continuous program compliance, a client may be granted for a maximum of three take-home doses and shall ingest all other doses under supervision at the clinic each week;
(C) Level 3. After 180 days of continuous treatment and a minimum of 90 days of continuous program compliance at level 2, a client may be granted for a maximum of four take-home doses and shall ingest all other doses under supervision at the clinic each week;
(D) Level 4. After 270 days of continuous treatment and a minimum of 90 days of continuous program compliance at level 3, a client may be granted for a maximum of five take-home doses and shall ingest all other doses under supervision at the clinic each week;
(E) Level 5. After 364 days of continuous treatment and a minimum of 180 days of continuous program compliance, a client may be granted for a maximum of six take-home doses and shall ingest at least one dose under supervision at the clinic each week;
(F) Level 6. After two years of continuous treatment and a minimum of one year of continuous program compliance at level 5, a client may be granted for a maximum of 13 take-home doses and shall ingest at least one

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dose under supervision at the clinic every 14 days; and
(G) Level 7. After four years of continuous treatment and a minimum of three years of continuous program compliance, a client may be granted for a maximum of 30 take-home doses and shall ingest at least one dose under supervision at the clinic every month.
(2) Criteria for Reducing, Losing and Reinstatement of Take-Home Eligibility:
(A) A client's take-home eligibility is reduced or suspended for evidence of recent drug abuse. A client who tests positive on two drug screens within a 90-day period shall have an immediate reduction of eligibility by one level of eligibility;
(B) A client who tests positive on three drug screens within the same 90-day period shall have all take-home eligibility suspended; and
(C) The reinstatement of take-home eligibility shall be determined by each Outpatient Opioid Treatment Program.
(3) Exceptions to Take-Home Eligibility:
(A) A client in the first two years of continuous treatment who is unable to conform to the applicable mandatory schedule because of exceptional circumstances such as illness, personal or family crisis, travel or other hardship may be permitted a temporarily reduced schedule by the State authority, provided she or he is also found to be responsible in handling opioid drugs. Except in instances involving a client with a verifiable physical disability, there is a maximum of 13 take-home doses allowable in any two-week period during the first two years of continuous treatment.
(B) A client who is unable to conform to the applicable mandatory schedule because of a verifiable physical disability may be permitted additional take-home eligibility by the State

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authority. Clients who are granted additional take-home eligibility due to a verifiable physical disability may be granted up to a maximum 30-day supply of take-home medication and shall make monthly clinic visits.
(4) Take-Home Dosages For Holidays: Take-home dosages of methadone or other medications approved for the treatment of opioid addiction shall be authorized by the facility physician on an individual client basis according to the following:
(A) An additional one-day supply of methadone or other medications approved for the treatment of opioid addiction may be dispensed to each eligible client (regardless of time in treatment) for each state holiday.
(B) No more than a three-day supply of methadone or other medications approved for the treatment of opioid addiction may be dispensed to any eligible client because of holidays. This restriction shall not apply to clients who are receiving take-home medications at Level 4 or above.
(g) Withdrawal From Medications For Use In Opioid Treatment. The risks and benefits of withdrawal from methadone or other medications approved for use in opioid treatment shall be discussed with each client at the initiation of treatment and annually thereafter.
(h) Random Testing. Random testing for alcohol and other drugs shall be conducted on each active opioid treatment client with a minimum of one random drug test each month of continuous treatment. Additionally, in two out of each three-month period of a client's continuous treatment episode, at least one random drug test will be observed by program staff. Drug testing is to include at least the following: opioids, methadone, cocaine, barbiturates,

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amphetamines, THC, benzodiazepines and alcohol. Alcohol testing results can be gathered by either urinalysis, breathalyzer or other alternate scientifically valid method.
(i) Client Discharge Restrictions. No client shall be discharged from the facility while physically dependent upon methadone or other medications approved for use in opioid treatment unless the client is provided the opportunity to detoxify from the drug.
(j) Dual Enrollment Prevention. All licensed outpatient opioid addiction treatment facilities which dispense Methadone, Levo-Alpha-Acetyl-Methadol (LAAM) or any other pharmacological agent approved by the Food and Drug Administration for the treatment of opioid addiction subsequent to November 1, 1998, are required to participate in a computerized Central Registry or ensure that clients are not dually enrolled by means of direct contact or a list exchange with all opioid treatment programs within at least a 75-mile radius of the admitting program. Programs are also required to participate in a computerized Capacity Management and Waiting List Management System as established by the North Carolina State Authority for Opioid Treatment.
(k) Diversion Control Plan. Outpatient Addiction Opioid Treatment Programs in North Carolina are required to establish and maintain a diversion control plan as part of program operations and shall document the plan in their policies and procedures. A diversion control plan shall include the following elements:
(1) dual enrollment prevention measures that consist of client consents, and either program contacts, participation in the central registry or list exchanges;
(2) call-in's for bottle checks, bottle returns

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V 238	Continued From page 5 or solid dosage form call-in's; (3) call-in's for drug testing; (4) drug testing results that include a review of the levels of methadone or other medications approved for the treatment of opioid addiction; (5) client attendance minimums; and (6) procedures to ensure that clients properly ingest medication. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure after the first year and in all subsequent years of continuous treatment a client attended at least one counseling session per month affecting two of four audited current clients (#1 and #4) and two of two audited deceased clients (DC #5 and DC #6) and failed to ensure counseling sessions were completed after a positive urine drug screen affecting one of four audited current clients (#4) and one of two audited deceased clients (DC #6). The findings are: The following is evidence the facility staff failed to ensure clients attended at least one counseling session per month. a. Review on 12/8/22 of client #1's record revealed: -Admission date of 8/9/22. -Diagnosis of Opioid Use Disorder.	V 238		

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-Staff #4 was his current Counselor.
-There was no counseling sessions completed for October 2022.

b. Review on 12/8/22 of client #4's record revealed:
-Admission date of 7/16/18.
-Diagnosis of Opioid Use Disorder.
-Staff #2 was his current Counselor.
-The last documented counseling session was on 8/31/22.
-There were no counseling sessions completed for September, October and November 2022.

c. Reviews on 12/8/22 and 12/9/22 of DC #5's record revealed:
-Admission date of 11/4/21.
-Diagnoses of Opioid Use Disorder, Post Traumatic Stress Disorder, Sleep Apnea, History of Strokes, Chronic Obstructive Pulmonary Disease and Emphysema.
-He died on 6/28/22.
-Staff #6 was his current Counselor.
-The last documented counseling session was on 4/13/22.
-There were no counseling sessions completed for May and June 2022.

d. Reviews on 12/8/22 and 12/9/22 of DC #6's record revealed:
-Admission date of 4/8/20.
-Diagnosis of Opioid Use Disorder.
-He died on 8/25/22.
-Staff #1 was his current Counselor.
-The last documented counseling session was on 6/3/22.
-There were no counseling sessions completed for July and August 2022.

Interview on 12/9/22 with staff #6 revealed:

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V 238	Continued From page 7 -DC #5 was on her caseload prior to passing away in June 2022. -She was aware that some of the people on her caseload had some missing counseling sessions. -She was counting the treatment plan review she did with clients as a counseling session. -They were just recently told that those counseling sessions would not count. Interview on 12/8/22 with the Program Director revealed: -He was aware that some of the Counselors were not completing their counseling sessions with clients. -He thought some of the Counselors were counting the treatment plan reviews as a counseling session. -He confirmed facility staff failed to ensure counseling sessions were completed for clients #1, #4, DC #5 and DC #6. The following is evidence the facility staff failed to ensure counseling sessions were completed after a positive urine drug screen. a. Review on 12/8/22 of client #4's record revealed: -UDS completed on 11/18/22, 10/31/22, 9/28/22 and 9/26/22-client #4 tested positive for Opiates and Fentanyl. -There was no documentation of a counseling session completed by client #4's Counselor to address the positive UDS results. b. Review on 12/8/22 of DC #6's record revealed: -UDS completed on 8/10/22, 7/13/22, 6/8/22 and 6/2/22-DC #6 tested positive for Cocaine. -There was no documentation of a counseling session completed by DC #'s Counselor to address the positive UDS results.	V 238		

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V 238	Continued From page 8 Interview on 12/8/22 with the Program Director revealed: -He was aware that Counselors were not consistently completing counseling sessions with clients when they tested positive for illicit substances. -Some of the Counselors were counting the treatment plan reviews as a counseling session. -He confirmed facility staff failed to ensure counseling sessions were completed after a positive urine drug screen for client #4 and DC #6. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 238		